



Jersey Wildcats Tryout Application 2008-2009 Season

PLAYER INFORMATION

Name _____
Street Address: _____
City _____ State _____ Zip _____ Phone _____
Date of Birth _____ Age _____ USA Hockey ID Number _____
Current High School _____ Current Grade Level _____
(2008-2009 USA Hockey Birth Year Classification for Junior Players: Born January 1st, 1988 or later)
Position _____ Height _____ Weight _____ Shoots: _____
Goalie: GAA. _____ Save Pct. _____ Wins _____ Losses _____ Shut Outs _____
Forwards/ Defense: Games Played _____ Goals _____ Assists _____ Penalty Min. _____

Are you trying out for the: _____ **Jr. B** Tryouts -Empire or Premier Jr. B Teams (Ages 15-20)
Tryouts begin **April 8th** @ Union Sports Arena
_____ **Jr. C CHA** Majors/Minors Team (Ages 15-19)
Tryouts begin **April 11th** @ Union Sports Arena

Tryout Dates, Times and other info available at: www.Jerseywildcats.com

Email Address (Player) _____ (*please print email address clearly*)
Travel Team played for last season (including level) _____
Current School Attending or Last Attended _____
Primary Insurance Company _____
How did you hear about us? _____

PARENT/LEGAL GUARDIAN INFORMATION

Name: _____
Street Address: _____
City _____ State _____ Zip _____ Phone _____
Email (Parent) _____ Cellular # _____

I agree to hold harmless the Jersey Wildcats, Union Sports Arena, and/or Aspen Ice Arena, and anyone acting on their behalf; including, but not limited to coaches, participants, and employees during these tryouts. Participant and/or Participant's parent(s)/guardian(s) acknowledge, understand and assume all risks inherent in ice hockey; and, if any, arising from the participation in these tryouts. By signing this agreement, I authorize the Jersey Wildcats, Union Sports Arena, or Aspen Ice Arena or their agents to act on my behalf in my absence in the event of any emergency or injury to the above participant. Consent for medical treatment of a minor: As parent or legal guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry, or licensed medical professional. This care may be given under whatever circumstances are necessary to preserve life, limb, or well-being of the above-named player.

Signature of Parent or Guardian _____

Pre-registration is \$125 before April 1, 2008. Registration after April 1st. or at the door is \$150.
Please note that the tryout fee is non-refundable.

Advance Registration Strongly Encouraged!
Make checks payable to: Jersey Wildcats Hockey
Mail to: Jersey Wildcats Hockey
845 Berkshire Valley Road
Wharton, NJ 07885-1525